

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
and CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/706,321
Filing Date	November 12, 2003
First Named Inventor	Michael Wandell
Art Unit	1743
Examiner Name	
Attorney Docket Number	None

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registrations numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **22908**

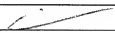
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: See attached.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Home Access Health Corporation				
Address	2401 West Hassell Road				
Address	Suite 1510				
City	Hoffman Estates	State	IL	ZIP	60169
Country					
Telephone			Fax		
Name	Allen E. Hoover				
Signature			Registration No.	37,354	
Date	September 18, 2007		Telephone No.	312/463-5000	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Michael Wandell

Serial No.: 10/706,321

Filed: November 12, 2003

For: Quantitative Analysis of a Biological  
Sample of Unknown Quantity

Atty. Docket No.: None

Group Art Unit: 1743

Examiner: Ramillano

Confirmation No.: 6492

**Attached Reasons for Request for Withdrawal as Attorney**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Home Access Health Corporation, the Assignee of the subject application, has directed that new counsel take over the prosecution of the subject application. This was several months ago. To date, no Power of Attorney has been filed in this application. Recently, the undersigned received a telephone call from Examiner Ramillano with a question concerning the subject application, thus alerting the undersigned to the absence of a new Power of Attorney in this application.

Because the owner of this application has directed that the undersigned no longer maintain responsibility for prosecution thereof, the undersigned, on behalf of attorneys registered under Customer No. 22908, respectfully requests withdrawal.

Dated: 5/12/7

Respectfully submitted,

By: 

Allen E. Hoover  
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